

JAN 28 2011

2011 JAN 31 PM 1:50

CONTRA COSTA COUNTY  
ELECTIONS

Please type or print in ink.

NAME OF FILER

(LAST)

(FIRST)

(MIDDLE)

Mitchoff

Karen

1. Office, Agency, or Court

Agency Name

Contra Costa Board of Supervisors

Division, Board, Department, District, if applicable

Your Position

District IV

Boardmember

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☒ County of Contra Costa

☐ City of \_\_\_\_\_

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☒ Assuming Office: Date 01 / 3 / 11

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed 01/28/11  
(month, day, year)

Signature

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Karen Mitchoff
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## SCHEDULE D

### Income – Gifts

► NAME OF SOURCE  
IBEW Local 302  
 ADDRESS (Business Address Acceptable)  
1875 Arnold Drive Martinez, CA 94553  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Labor Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 15 / 10</u>	\$ <u>10</u>	<u>Lunch</u>
<u>01 / 20 / 10</u>	\$ <u>35</u>	<u>Concord Mayor Lunch</u>
<u>06 / 02 / 10</u>	\$ <u>50</u>	<u>Annual Dinner</u>

► NAME OF SOURCE  
Allied Waste  
 ADDRESS (Business Address Acceptable)  
441 N. Buchanan Circle Pacheco, CA 94553  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Disposal Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 27 / 10</u>	\$ <u>50</u>	<u>Luncheon</u>
<u>08 / 16 / 10</u>	\$ <u>20</u>	<u>Lunch</u>
<u>09 / 17 / 10</u>	\$ <u>50</u>	<u>Labor to Labor Dinner</u>

► NAME OF SOURCE  
Melody Howe Weintraub  
 ADDRESS (Business Address Acceptable)  
3903 Happy Valley Road, Lafayette, CA 94549  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Consultant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 29 / 10</u>	\$ <u>50</u>	<u>DeSaulnier Crab Feed</u>
<u>05 / 01 / 10</u>	\$ <u>250</u>	<u>G. Miller Event</u>
<u>10 / 25 / 10</u>	\$ <u>100</u>	<u>Pelosi Event</u>

► NAME OF SOURCE  
Discovery Homes  
 ADDRESS (Business Address Acceptable)  
4061 Port Chicago Hwy, Suite H Concord, CA 94520  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Home Builder

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 20 / 10</u>	\$ <u>50</u>	<u>Bonilla Fundraiser</u>
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>

► NAME OF SOURCE  
The Bowlby Group  
 ADDRESS (Business Address Acceptable)  
3000 Danville Blvd. #409, Alamo, CA 94507  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Consultant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 18 / 10</u>	\$ <u>50</u>	<u>Bonilla Fundraiser</u>
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>

► NAME OF SOURCE  
Lynette Busby  
 ADDRESS (Business Address Acceptable)  
1350 Treat Blvd. #180 Walnut Creek, CA 94596  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Executive Director, Contra Costa Centre Assoc.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 19 / 10</u>	\$ <u>50</u>	<u>Luncheon</u>
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>

Comments: \_\_\_\_\_